

CLAIMS ONLY							Application Number 10764-748	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I						51			
2		I					52			
3		I					53			
4		I					54			
5		I					55			
6		I					56			
7		I					57			
8		I					58			
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10		I					60			
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12		I					62			
13		I					63			
14		I					64			
15		I					65			
16	I						66			
17		I					67			
18	I						68			
19		I					69			
20		I					70			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	3						Total Indep			
Total Depend	17						Total Depend			
Total Claims	20						Total Claims			